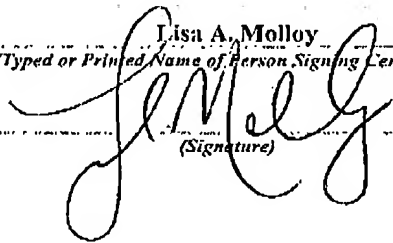
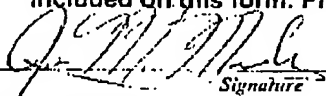


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. ROBI-4189	
Applicant(s): Klassen				
Application No. 10/805,304	Filing Date 03/22/2004	Examiner	Group Art Unit 1744	
Invention: CHILDREN'S TOOTH AND GUM CLEANING KIT				
RECEIVED CENTRAL FAX CENTER MAR 01 2005				
I hereby certify that this <u>Preliminary Amendment (11 pgs.)</u> <small>(Identify type of correspondence)</small>				
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)				
on <u>3-1-05</u> <small>(Date)</small>				
<div style="display: inline-block; text-align: left;"><div style="text-align: right;">Lisa A. Molloy <small>(Typed or Printed Name of Person Signing Certificate)</small></div><div style="text-align: right;"> <small>(Signature)</small></div></div>				
Note: Each paper must have its own certificate of mailing.				

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. ROBI-4189	
Applicant(s): Klassen						
Application No. 10/805,304	Filing Date 03/22/2004	Examiner	Customer No. 5409	Group Art Unit 1744	Confirmation No.	
Invention: CHILDREN'S TOOTH AND GUM CLEANING KIT						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	41	37	4	x \$25.00	\$100.00	
INDEP. CLAIMS	2	9	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$100.00	
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 19-0513 in the amount of \$100.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0513 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: 3-1-05			
Jonathan Madsen Reg. No. 55,419 Schmeiser, Olsen & Watts 3 Lear Jet Lane, Suite 201 Latham, N.Y. 12110 (518) 220-1850			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)			
CC:			Signature of Person Mailing Correspondence			
			Typed or Printed Name of Person Mailing Correspondence			

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ATTORNEY DOCKET NO. ROBI-4189

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Klassen

Serial No.: 10/805,304

Filed: 3/22/2004

Art Unit: 1744

For: CHILDREN'S TOOTH AND GUM CLEANING KIT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Preliminary Amendment

Sir:

Prior to initial examination on the merits, please amend the above-identified application as follows.